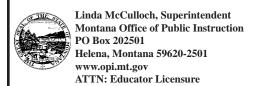


Linda McCulloch, Superintendent Montana Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501 www.opi.mt.gov ATTN: Educator Licensure

## TEACHING ENDORSEMENT INTERNSHIP PROGRAM APPLICATION

Complete this form only if applying for accreditation exemption pursuant to ARM 10.55.707 (4).								
Educator Last Name			First	Name	Middle Initial	Former 1	Name(s)	
Mailing Address: (Street, RFD, PO Box)								
City				State	ZIP Code		Folio No.	
Pursi	<ul> <li>To qualify for the Teaching Endorsement Internship Program, the teaching intern must:</li> <li>Hold a current Montana teaching license;</li> <li>Be under contract with a Montana school district or have a contract offer pending enrollment in the Board of Public Education Teaching Endorsement Program; and</li> <li>Be enrolled in the Board of Public Education approved internship programs offered by one of the accredited educator preparation programs within the boundaries of the state of Montana.</li> <li>Pursuant to ARM 10.55.707 (4), the undersigned school district requests that the undersigned teacher be considered appropriately assigned as described below for the following school years</li></ul>							
RESPONSIBILITIES OF THE PARTIES								
1.	Role	ole of the Teaching Intern. Pursuant to ARM 10.55.707 (4), the Individual must:						
	A.	Have at least a Class 2 teaching license prior to entering the program;						
	B.	Be a contracted employee of a Montana school district or have a contract offer pending enrollment in the Board of Public Education Teaching Endorsement Program teaching in the endorsement area designated below;						
	C.	Prior to placement, have completed or be enrolled in six semester credits of study in the endorsement area the teaching intern is pursuing. These credits must apply to the program and be approved by a university or college;						
	D.	Complete the endorsement program within three (3) years of entry into the program;						
	E.	Provide a copy of the endorsement program of study to the cooperating school district;						
	F.	Enroll in a Board approved Internship Program for credit each year of the agreement; and						
	G.	G. If required, remit a fee for supervision each year of the agreement to the Montana university or college.						
I agr	ee to	comply with the duties and provis	sions	of ARM 10.55.707 (4).				
Sign	atur	a.		Date Teac	hing Endorser	nent Are		

2.	Role of the Cooperating School District. Pursuant to ARM 10.55.707 (4), the Cooperating School District must:									
	A.	Allow the teaching intern to attend summer sessions, internship seminars, and professional development activities as specified by the internship agreement;								
	В.	Local school administrator shall provide on-site, ongoing supervision of the intern in the area of the designated endorsement;								
	C.	Agree to cooperate with the college or university in meeting the needs of the teaching intern;								
	D.	Report annually as part of the OPI Annual Data Collection the status of the teaching endorsement intern;								
	E.	Provide periodic supervision and training by a licensed teacher who is currently endorsed in the intern's prospective endorsement area; and								
	F.	When appropriate and feasible, the cooperating school district may agree to contribute to the tuition and supervision fees of the intern.								
Dist	rict_									
Signature of Authorized Representative Date Type or Print Name/Title										
Signature of Board Chair Date Type or Print Name/Title										
3. Role of the Montana College or University. Pursuant to ARM 10.55.707 (4), the Montana College/University must:										
			niversity. Pursuant to Al	RM 10.55.707 (4), the Montana College/Univer-						
		must:	·	RM 10.55.707 (4), the Montana College/Univer-						
	sity	must:  Make provisions to provide the	appropriate course worl	c or the acceptable approved equivalent that						
	sity A.	Make provisions to provide the leads to endorsement;  Provide periodic supervision are	appropriate course worl	c or the acceptable approved equivalent that						
	A. B.	must:  Make provisions to provide the leads to endorsement;  Provide periodic supervision are Supply list of teaching interns to	appropriate course world evaluation of the intersection to the Montana OPI Lice	or the acceptable approved equivalent that rn; nsure Division by the first Monday in October						
I ag	A.  B. C. D.	Make provisions to provide the leads to endorsement;  Provide periodic supervision are Supply list of teaching interns the each year; and	appropriate course world evaluation of the intersto the Montana OPI Lice sure Division of any characters.	or the acceptable approved equivalent that  n;  nsure Division by the first Monday in October  nge in status of the intern.						
	A.  B. C. D.	Make provisions to provide the leads to endorsement;  Provide periodic supervision are Supply list of teaching interns to each year; and  Notify the Montana OPI Licens	appropriate course world evaluation of the inters to the Montana OPI Lice sure Division of any charvisions of ARM 10.55.70	or the acceptable approved equivalent that m;  nsure Division by the first Monday in October mge in status of the intern.						
Coll	A.  B. C. D.	Make provisions to provide the leads to endorsement;  Provide periodic supervision and Supply list of teaching interns the each year; and  Notify the Montana OPI License comply with the duties and proviniversity	appropriate course world evaluation of the inters to the Montana OPI Lice sure Division of any charvisions of ARM 10.55.70	or the acceptable approved equivalent that m;  nsure Division by the first Monday in October mge in status of the intern.						



## TEACHING ENDORSEMENT INTERNSHIP VERIFICATION FOR PROGRAM EQUIVALENCY

Last Name	First Name		Middle Name		Former Name(s)					
Mailing Address (Street, RFD, PO Box)				City		State		IP		
E-Mail Address										
Folio No. (if previously assigned)	Social Security No.		Date of Birth	Home	ome Phone		Vork Phone			
Verification for Program Equivalency										
Adjustment or addition to an existing license, please indicate below:										
<ol> <li>Completed conversion program to (elementary or secondary) education.</li> <li>Completed the equivalent of an approved major or minor.</li> </ol>										
_	-	evel	-			No. of Credits				
Subject a	area and l	evel				No. of Credits				
I hereby recommend an endorsement for(Name)										
Signature				Institution						
			Please check if your institution is   State Board   NCATE							
Title				Date						
(Dean of Education or Licen	sure Offici	al)								
Printed Name				Phone Number						